

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM **COR-C/OH**

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed:  4																											
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">MS / MRS / MR</td> <td style="width: 35%;">Mr</td> <td style="width: 15%; font-size: small;">FIRST</td> <td style="width: 35%;">Julian</td> <td style="width: 5%; font-size: small;">MI</td> <td style="width: 10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Castro</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr	FIRST	Julian	MI		NICKNAME		LAST	Castro	SUFFIX		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Received</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Legal</td> <td style="padding: 2px;">Totals</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	OFFICE USE ONLY		Date Received		Date Hand-delivered or Date Postmarked		Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged	
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<b>4</b> ORIGINAL REPORT TYPE	3 Days Before Main Election																											
<b>5</b> ORIGINAL PERIOD COVERED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; font-size: small;">Month</td> <td style="width: 10%; font-size: small;">Day</td> <td style="width: 15%; font-size: small;">Year</td> <td style="width: 10%;"></td> <td style="width: 10%; font-size: small;">Month</td> <td style="width: 10%; font-size: small;">Day</td> <td style="width: 15%; font-size: small;">Year</td> </tr> <tr> <td></td> <td></td> <td>4/28/2005</td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> <td>5/3/2005</td> </tr> </table>		Month	Day	Year		Month	Day	Year			4/28/2005	THROUGH			5/3/2005												
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<b>6</b> EXPLANATION OF CORRECTION	Data Entry Error.																											

<b>7</b>	AFFIDAVIT
<div style="text-align: right; margin-bottom: 20px;">           I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.         </div> <div style="text-align: right; margin-bottom: 20px;">           _____ Signature of Candidate or Officeholder         </div> <div style="margin-bottom: 20px;">           AFFIX NOTARY STAMP / SEAL ABOVE         </div> <div style="margin-bottom: 20px;">           Sworn to and subscribed before me by <u>Mr Julian Castro</u> this the <u>5th</u> day of <u>May</u>, 20<u>05</u>,         </div> <div style="margin-bottom: 20px;">           to certify which, witness my hand and seal of office.         </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>	

Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections



FORM C/OH  
COVER SHEET PG 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

15 C/OH NAME

Mr Julian Castro

16 ACCOUNT # (Ethics Commission files)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$941.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$48512.50

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$104733.58

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Julian Castro, this the 5th day of May, 20 05, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath\_\_\_\_\_  
Printed name of officer administering oath\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
1 of 1

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

Mr Julian Castro

**4** Date

4/29/2005

**5** Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mr. & Mrs. Shannon Livingston

**7** Amount of  
contribution (\$)  
2000.00

**8** In-kind contribution  
description (if applicable)

**6** Contributor address; City; State; Zip Code

13300 Old Blanco Road, Apt/Suite: 325  
San Antonio, TX 78216

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

